

Pre-sale inspection request form – 5 days

This request is for the assessment of a registered premises under *The Food Act 1984* and *Public Health and Wellbeing Act 2008*.

Please select the premises your request relates to:

Food premises

Health premises

Disclosure of information

The current registered proprietor of the premises must complete and understand the consent to release information.

I/we (name of current registered proprietor/s of the premises)

located at (address of the premises) _____

trading as (name of business) _____

give permission for information and documents relating to this assessment by an authorised health officer to be shared with the applicant listed below.

Signature _____ Date __/__/__

Signature _____ Date __/__/__

Applicant's details

Name: _____

Postal address:

Contact phone: _____

Contact email: _____

Fee

The fee for this service is \$420.00.

How to pay

Pay by cash, credit cards or cheque payable to City of Boroondara.

- Pay in person during business hours (8:30 am to 5 pm, from Monday to Friday) at our customer service desk at 8 Inglesby Road, Camberwell.
- Mail your completed presale request form and credit card/cheque form to

City of Boroondara, Private Bag 1, Camberwell Vic 3124.

- Email your completed presale request form and credit card/cheque form to boroondara@boroondara.vic.gov.au
- Fax your completed presale request form and credit card/cheque form to [\(03\) 9278 4466](tel:(03)92784466).

Please allow 5 working days from when we receive your request and payment for an inspection to be conducted.

Privacy statement

We need this personal information so we can inspect the condition of the premises and determine whether it meets the structural requirements of the relevant legislation. The information will be stored in our secure, centralised databases. It may be shared between internal work areas so we can provide you with a better experience, but it won't be shared with third parties unless permitted or required by law. If you don't provide the information, we won't be able to inspect the property or send you the final report. If you want to access your information, please contact our Freedom of Information Officer by emailing boroondara@boroondara.vic.gov.au or mail to Private Bag 1, Camberwell VIC 3124.

Credit card or cheque payment

Please select one payment type:

Credit card

Cheque

Pay to: Health Services department

Payment for: Pre-purchase inspection request – 5 days.

Applicant name: _____

Reference: RC317

Narrative: Pre-purchase inspection request – 5 days.

If you would like to receive a receipt, please provide the following information:

Name on credit card: _____

Mailing address: _____

Telephone number: _____

Credit card details

Name on credit card _____

Select your card type:

Visa

Mastercard

American
Express

Credit card number

Expiry date

I, _____, hereby authorise City of
Boroondara to charge the **authorised cardholder's full name** (please print clearly)
_____ the amount of \$420.00 plus credit
card surcharge to my credit card for the purposes stated above.

Signature _____

Date __/__/_____

About credit card surcharge

Payments made by credit or debit card may incur a payment surcharge to cover the cost charged to us for each transaction. View current surcharge amounts on our [Payments page](#) or at our Customer Service centre at 8 Inglesby Road, Camberwell.

Privacy statement

We need this personal information so we can receive fees for providing this service. The information will be stored in our secure centralised databases and will be

disclosed to our bank or other financial institution so that we can process payments. The personal information will not be otherwise shared unless permitted or required by law. If you don't provide the information, we won't be able to inspect the property or send you the final report. If you want to access your information, please contact our Freedom of Information Officer by emailing boroondara@boroondara.vic.gov.au or mail to Private Bag 1, Camberwell VIC 3124.

Office use only

MIT: _____

REC: Infring or GL _____

Receipt: _____

Amount paid \$ _____

Payer: _____